

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039745

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 55

FILED NOV 5 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Pike</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Straube Rest Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u> d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>	
3. NAME OF DECEASED (Type or print) First <u>VON HOLLIS</u> Middle <u>UNGER</u> Last 4. DATE OF DEATH Month <u>October</u> Day <u>26</u> Year <u>1962</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>2-15-06</u> 9. AGE (last birthday) <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pharmacy</u>	
11. BIRTHPLACE (City and state or country) <u>Brashear, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Unger</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtale Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>never married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>3</u>		17. INFORMANT <u>Al Howerton, Bowling Green, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Peripheral Circulatory Collapse</u> DUE TO (b) <u>Congestive Heart failure</u> DUE TO (c) <u>Cerebral vascular accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>30 min.</u> <u>1 hr.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>8/18/62</u> Month, Day, Year <u>10/26/62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>10/25/62</u>	
20f. CITY, TOWN, OR LOCATION <u>Bowling Green, Missouri</u>		20g. COUNTY <u>Boone</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>8/18/62</u> to <u>10/26/62</u> and last saw him alive on <u>10/25/62</u> Death occurred at <u>7:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John R. Diffe Jr</u> (Degree or title) <u>22b. ADDRESS</u> <u>214 W. Church, Bowling Green, Mo.</u> 22c. DATE SIGNED <u>10/27/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-28-62</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u> 23d. LOCATION (City, town, or county) (State) <u>Bowling Green, Missouri</u>	
24. FUNERAL DIRECTOR <u>Harold Kirks, Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-27-1962</u> 26. REGISTRAR'S SIGNATURE <u>Maidie C. Williams</u>	

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

No Permit issued
Maidee E. Williams
Local Registrar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Kink

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.